



Member Statement

Waiver of Premium Claim for

- **Basic & Optional Life Benefit**
- **AD&D Benefit**
- **Survivor Benefit**
- **Critical Illness**

An incomplete form may result in delays in the adjudication of your waiver of premium claim.

See page 2 for instructions.

The eligibility process for Waiver of Premium

In assessing eligibility for Waiver of Premium benefits, we gather information from you, your employer and your physician(s).

We ask you to provide information about what you are capable and incapable of doing, in relation to your job demands.

We ask your employer to tell us about your job demands.

We ask your physicians to provide us with information about your restrictions and limitations.

You are responsible for any fees your doctor charges for completion of the Attending Physician Statement form and photocopies of file documentation.

All of the above information will be reviewed to determine whether you meet the eligibility criteria and that review cannot be completed until all of the information has been received. In some cases, it may be necessary to gather additional information before a decision can be made. We will notify you if this becomes necessary.

Instructions for this form

Please complete all sections of this form no later than 6 weeks prior to the end of the qualifying period, sign and date it, and return it to your plan administrator for submission to Manulife Financial (or; if you prefer, you can submit it directly to Manulife Financial, Group Benefits, Premium Waiver Claims, at the address below).

Authorization to attending physician

Please complete, sign and date the patient authorization section at the top of page 3 of the Attending Physician Statement form before you take it to your physician.

Note: If we have managed your short term disability absence, please ignore the following instructions regarding the Attending Physician Statement as we will already have your medical information on file.

Our approach

Manulife Financial is committed to timely and effective return to work whenever possible. Should your claim for Waiver of Premium benefits be accepted, we will review your situation and a representative of Manulife will contact you to discuss your current circumstances.

Any questions?

Your plan administrator is the best person to answer any questions you may have about your Waiver of Premium benefit or the application process.

Please send the completed form to:

If you live outside Quebec:

Manulife Financial Group Benefits
Attention: Disability Claims
PO BOX 1030
HALIFAX NS B3J 2X5
Tel: 1-800-565-0627
(902) 453-4300
Fax: 1-866-292-9050
(902) 429-7292

If you live in Quebec:

Manulife Financial Group Benefits
Attention: Disability Claims
PO BOX 395 STN PLACE-D'ARMES
MONTREAL QC H2Y 3H1
Tel: 1-866-236-6313
(514) 288-6268
Fax: 1-888-488-6738
(514) 286-6738

**Group Benefits
 Member Statement
 Waiver of Premium**

Additional information may be submitted on separate pages if there is insufficient space on this form.

1 Plan member information

Life	Plan contract number	Division number	Plan member certificate number
	Critical Illness		
Plan sponsor name		Job title	
Full name (last, first, initial)		<input type="radio"/> Mr. <input type="radio"/> Ms. <input type="radio"/> Miss <input type="radio"/> Mrs.	Date of birth (dd/mmm/yyyy)
Address (number, street, apt.)			
City		Province	Postal code
Phone number	Fax number	Height	Weight
Number of dependants and ages	Mailing address (if different from above)		

2 Work information

a) Last day worked
 (dd/mmm/yyyy)

b) Prior to stopping work had your job been modified?
 Yes No If yes, how was it modified?

c) If your work was modified, why were you unable to continue working?

d) How long were you performing modified work?

e) Since work absence commenced, have you done any work for pay?
 Yes No If yes, please provide the following details.

Dates (dd/mmm/yyyy) (from - to)	Describe
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

3 Other activities information

a) Since work absence commenced, have you returned to school/retraining?
 Yes No If yes, please provide the following details.

Dates (dd/mmm/yyyy)	Describe

b) Since work absence commenced, have you done volunteer activity?
 Yes No If yes, please provide the following details.

Dates (dd/mmm/yyyy)	Describe

4 Injury information

a) Is work absence due to an injury?
 Yes No If no, please go to section 6, Illness information.

b) What kind of injury?

Motor vehicle accident Work related Other ▶

c) Describe how and when injury occurred?

	Date of injury (dd/mmm/yyyy)
	Time of injury <input type="radio"/> a.m. <input type="radio"/> p.m.

d) Is there any legal action involved?
 Yes No If yes, please provide lawyer's name and address.

Lawyer's name	Lawyer's address (number, street, suite)
Phone number	

e) Was the occurrence investigated by police?
 Yes No If yes, please provide a copy of the police report.

5 Motor vehicle accident information

If your work absence is related to a motor vehicle accident, please provide the following information.

Insurer's name	Insurance adjuster's name and phone number
Insurance policy number or claim number	

6 Illness information

a) Have you ever had the same or a similar illness?
 Yes No If yes, state when and describe. If no, go to section 7, Medical information.

b) Did the illness result in an absence from work?

Yes No If yes, state when.

From (dd/mmm/yyyy)	To (dd/mmm/yyyy)

c) Describe your current condition, including how it prevents you from working.

7 Medical information

a) Please provide the following information about the family doctor who has your MEDICAL RECORDS.

Last name of doctor	First name of doctor	Approximately when did you first seek medical attention for this condition?	(dd/mmm/yyyy)
Address of doctor (number, street, suite)		Date of first visit (dd/mmm/yyyy)	Date of next visit (dd/mmm/yyyy)
City		Province	Frequency of visits
Postal code	Telephone number	Type of practitioner	

b) Please provide the following information about ANY OTHER SPECIALIST OR HEALTH CARE PRACTITIONER you have seen or are scheduled to see for this condition.
(e.g. chiropractor, physiotherapist, psychologist, etc.)

Last name of doctor	First name of doctor	Approximately when did you first seek medical attention for this condition?	(dd/mmm/yyyy)
Address of doctor (number, street, suite)		Date of first visit (dd/mmm/yyyy)	Date of next visit (dd/mmm/yyyy)
City		Province	Frequency of visits
Postal code	Telephone number	Type of practitioner	

Last name of doctor	First name of doctor	Approximately when did you first seek medical attention for this condition?	(dd/mmm/yyyy)
Address of doctor (number, street, suite)		Date of first visit (dd/mmm/yyyy)	Date of next visit (dd/mmm/yyyy)
City		Province	Frequency of visits
Postal code	Telephone number	Type of practitioner	

Last name of doctor	First name of doctor	Approximately when did you first seek medical attention for this condition?	(dd/mmm/yyyy)
Address of doctor (number, street, suite)		Date of first visit (dd/mmm/yyyy)	Date of next visit (dd/mmm/yyyy)
City		Province	Frequency of visits
Postal code	Telephone number	Type of practitioner	

Last name of doctor	First name of doctor	Approximately when did you first seek medical attention for this condition?	(dd/mmm/yyyy)
Address of doctor (number, street, suite)		Date of first visit (dd/mmm/yyyy)	Date of next visit (dd/mmm/yyyy)
City		Province	Frequency of visits
Postal code	Telephone number	Type of practitioner	

8 Income/Benefit information

Have you received or are you receiving any of the following income/benefits?

If so, please provide copies of pay slips and/or award letters, including decline letters.

INCOME/BENEFIT	DATE OF APPLICATION (dd/mmm/yyyy)	REFERENCE OR CLAIM NUMBER	HAS THE INCOME/BENEFIT BEEN: (Check all that apply)			
			AWARDED?	DECLINED?	TERMINATED?	APPEALED?
QPP			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CPP/S.S.B.			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Workers' compensation*			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Association plan			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motor vehicle insurance			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any short term plan			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment insurance			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Retirement - employer			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creditor's disability insurance			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other group insurance (i.e. LTD)**			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any other Manulife plan			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* Includes any type of benefit for work related illness or injury including Workers' Compensation Board (WCB), Workplace Safety and Insurance Board (WSIB) and Commission de la santé et de la sécurité travail (CSST).

**If LTD is with another carrier, please provide the following information.

Name of carrier

Name of assessor

Phone number

LTD policy number

9 Summary of education, training and experience

Please attach a copy of a current resumé, if available. Otherwise, please provide the following information.

a) Education

SCHOOL	LOCATION	LEVEL OBTAINED	YEAR	AREAS OF STUDY
Elementary school/ High school				
College or university				
Other (Please include all forms of upgrading, in-service training, training on the job, special interest courses, etc.)				

b) Work experience

Begin with most recent but include every job you have had in the last 15 years. If more space is required, please use additional sheets of paper.

DURATION OF EMPLOYMENT		EMPLOYER	JOB TITLE AND DUTIES
FROM	TO		

9 Summary of education, training and experience (continued)

c) **Acquired skills**
If not already mentioned in the education section, these may include typing, operation of equipment, supervisory skills, special licenses or designations, etc. Where appropriate, give level, speed or proficiency.

10 Driver's licence information

a) Does your job require you to have a professional licence or designation? Please explain.

b) Do you have a valid driver's licence?
 Yes No If yes, please provide the following information.

Class	Indicate any restrictions
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11 Other interests

Hobbies and interests, including any volunteer work.

12 Work capacity evaluation

In this section we are gathering information about your job duties and your ability or inability to do them. Please indicate the extent that you are now able to perform each activity that your job requires. If you have indicated "UNABLE TO DO", please provide primary reason.

Activity	N/A	SELDOM (< 1 hr.)	INFREQUENT (1 - 2 hrs.)	OCCASIONAL (2 - 4 hrs.)	FREQUENT (4 - 6 hrs.)	CONSTANT (> 6 hrs.)	UNABLE TO DO (Please explain)	
	Sitting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Standing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Walking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Climbing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Kneeling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Bending/Squatting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Crouching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Crawling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Pushing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Pulling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Fine manipulation; fingers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Simple grasping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Fine manipulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Fine manipulation; hands	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Repetitive body motions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Driving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Reaching - above shoulder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Reaching - at shoulder level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Reaching - below shoulder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Reaching - side to side	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Reaching - up and down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Lifting / Carrying	N/A	0 - 10 lbs 0 - 4.5 kg	11 - 20 lbs 4.6 - 9 kg	21 - 50 lbs 9.1 - 23 kg	> 50 lbs > 23 kg	FREQUENCY		
Lifting - floor to waist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Infrequent	<input type="radio"/> Frequent	<input type="radio"/> Constant
Lifting - waist to shoulder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Infrequent	<input type="radio"/> Frequent	<input type="radio"/> Constant
Lifting - above shoulder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Infrequent	<input type="radio"/> Frequent	<input type="radio"/> Constant
Carrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Infrequent	<input type="radio"/> Frequent	<input type="radio"/> Constant

PHYSICAL	Are you able to work in any of the following conditions?	Yes	No	If no, please explain.
	Exposure to marked changes in temperatures and humidity	<input type="radio"/>	<input type="radio"/>	
	Being around moving machinery	<input type="radio"/>	<input type="radio"/>	
	Unprotected heights	<input type="radio"/>	<input type="radio"/>	
	Exposure to dust, fumes and gases	<input type="radio"/>	<input type="radio"/>	
	Driving automobile equipment	<input type="radio"/>	<input type="radio"/>	

In this section we are gathering information about your job duties and your ability or inability to do them. For each activity that your job requires of you, please indicate the extent to which you are able to do it. If you have indicated "UNABLE TO DO", please provide primary reason.

PSYCHOLOGICAL ACTIVITIES	A. Understanding and memory	N/A	SELDOM	INFREQUENT	OCCASIONAL	FREQUENT	CONSTANT	UNABLE TO DO (Please explain)
	Remember locations and routine procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Understand and remember short and simple instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Understand and remember detailed instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	B. Sustained concentration and persistence	N/A	SELDOM	INFREQUENT	OCCASIONAL	FREQUENT	CONSTANT	UNABLE TO DO (Please explain)
	Carry out short and simple instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Carry out detailed instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Maintain attention and concentration for extended periods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Perform activities within a schedule	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Sustain an ordinary routine without supervision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make simple decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Solve simple straightforward problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Solve complex problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
C. Social interaction	N/A	SELDOM	INFREQUENT	OCCASIONAL	FREQUENT	CONSTANT	UNABLE TO DO (Please explain)	
Interact with the general public	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Ask questions or request assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Accept instructions and feedback	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Get along well with others without distracting them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Get along well with others without being distracted by them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
D. Adaptation	N/A	SELDOM	INFREQUENT	OCCASIONAL	FREQUENT	CONSTANT	UNABLE TO DO (Please explain)	
Respond to frequent changes in the environment or tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Aware of normal hazards and take appropriate precautions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Travel in unfamiliar places or use public transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Set realistic goals or make plans independently of others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Juggle tasks and prioritize	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
E. Responsibility and accountability							Yes	No
Is work pace without the pressure of deadlines?							<input type="radio"/>	<input type="radio"/>
Does the work involve occasional pressure to meet deadlines?							<input type="radio"/>	<input type="radio"/>
Does the work involve periodic pressure to meet deadlines?							<input type="radio"/>	<input type="radio"/>
Does the work involve significant pressures?							<input type="radio"/>	<input type="radio"/>

13 Other information

Please provide any additional information that you believe should be considered in assessing your claim.

Four empty horizontal lines for providing additional information.

14 When to contact Manulife Financial

NOTIFY MANULIFE FINANCIAL PROMPTLY IN THE FOLLOWING CASES.

I acknowledge I must notify Manulife Financial immediately if:

- a) my medical condition improves, even though I have not yet returned to work,
- b) I start work either as an employee or a self-employed person,
- c) I apply for benefits under any workers' compensation law or plan as defined in section 8,
- d) I apply for benefits under Canada/Quebec Pension Plan,
- e) I receive any benefits or income from any other source,
- f) I am discharged from hospital if I am now hospitalized,
- g) I receive any other benefits/income related to my disability.
- h) I am leaving the country.

Plan member signature

15 Agreement, authorization and certification

I certify that the information in this form, and any further verbal or written statement provided by me in the future, is true and complete to the best of my knowledge. **I agree** that both my claim and my coverage may be denied or terminated as a result of my providing false, incomplete, or misleading information.

I agree to refund any monies that I may owe to Manulife Financial in accordance with the provisions of the group benefits plan with Manulife Financial, and **I authorize** Manulife Financial to deduct such monies from my group benefits. Manulife Financial will investigate this claim and may require personal information about me, including information regarding my activities, income, employment, education and training, health, and medical history and treatment, including clinical notes.

I authorize any person or organization who has personal information about me, including any employer, group plan administrator, health care professional, health care institution, pharmacy and any other medically-related facility, rehabilitation provider, insurer, administrators of government benefits or other benefit programs, the Medical Information Bureau and investigative agency, to release my personal information to Manulife Financial and/or its service providers for the purposes of group benefits plan administration, audit, and the assessment, investigation and management of my claim, including independent medical assessments.

I authorize Manulife Financial, its reinsurers and its service providers to collect, to use, to maintain and to disclose to the persons or organizations listed above and/or each other any information needed for the purposes of group benefits plan administration, audit, and the assessment, investigation and management of my claim, including independent medical assessments.

I authorize the use of my Social Insurance Number (SIN) for the purposes of tax reporting. **I authorize** the use of my SIN for the purposes of identification and administration, if my SIN is used as my certificate number.

I agree that a photocopy or electronic version of this authorization shall be as valid as the original.

I understand that information relating to Manulife Financial's Privacy Policy, which includes information on how and why Manulife Financial collects, uses, maintains and discloses my personal information, is available upon request; on Manulife Financial's Web site: www.manulife.ca, or through my Plan Sponsor.

I understand that any personal information provided to or collected by Manulife Financial in accordance with this authorization, will be kept in a group life, health, or disability benefits file. Access to my personal information will be limited to:

- Manulife Financial employees, representatives, reinsurers, and service providers in the performance of their jobs;
- Persons to whom I have granted access; and
- Persons authorized by law.

I have the right to request access to the personal information in my file, and, where appropriate, to have any inaccurate information corrected.

Plan member signature

Date signed (dd/mmm/yyyy)